# THE MEDICAL FORTNIGHTLY

Vol. XXXII ST. LOUIS, NOVEMBER 25, 1907. No. 10

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## LEADING ARTICLES

### CHOLECYSTITIS, WITH SPECIAL REFERENCE TO ETIOLOGY AND DIAGNOSIS.

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WITHIN the past two decades, but few if any regions of the human body have been so well studied, scientifically, as that of the epigastric and right hypochondriac, which is largely occupied by the liver and its belongings. In this study the gall bladder has been found the source of much pathology in its immediate neighborhood, as well as remote troubles of a subjective nature, and it has received as much attention as any other portion.

It has been found to be the seat of frequent inflammations both acute and chronic, as a sequelae of such inflammations, empyema, contraction, hydrocholeo-cystitis, stones, stenosis of the ducts, hypertrophy of the liver, and adhesions to the loops of the bowels and omentum, malignancy, and remote troubles like general prostration, dyspepsia, angina pectoris, etc.

Assuming these statements to be correct, then it certainly behooves us as physicians and surgeons to look well into the causes of the inflammations, which if understood well, enable us not only in the beginning to bring about speedy resolution, but in many instances to prevent unpleasant sequelae; if they should occur, an early understanding of them and their source makes it much easier to find a remedy.

Believing as we do that all inflammations are the result of bacterial infection, we do not hesitate to assume that cholecystitis is, no matter what form it takes, a bacterial disease. Not only is the inflammation of the bladder caused by micro-organisms, but the gall stones so often found are formed as a result of their work. In the inflamed gall-bladder a great many pathogenic bacteria, principally the coli communis, typhoid, pneumococci and pyogenic, have been found. A question of much interest is, "How can bacteria get into the gall-bladder and do such damage in a fluid that is considered aseptic?" The home of the bacillus coli communis is in the ailmentary canal; in typhoid fever the typhoid bacilli are found here in connection with Peyer's glands. Pyogenic microbes are found in connection with dysentery, and in pus wherever found in connection with the intestines. The pneumococci may enter the general circulation from the lung, or the sputum, may be swallowed and the microbes carried, as other microbes are, to the liver through the portal circulation.

We know too that the gall bladder is connected with the alimentary canal by the ductus communis cloedochus and cystic duct; but infection is not likely to pass up these tracts, as they are constantly filled with or having passed through them the biliary fluid, which is sterile and washes them away. The infection could not get to the gall-bladder through adhesions with the alimentary tract, as this would have to exist first in the gall-bladder before the adhesions are formed. The most rational conclusion as to the source of infection is through the portal circulation, whose blood is collected from the alimentary canal and mesentery and then distributed to the liver. In this blood are found the infectious bacteria, which are separated from it by the liver cells, and pass with the bile into the gall bladder. It will hold pathogenic bacteria for awhile without allowing them to reproduce themselves; but if bile has these germs in it and they are permitted to remain for any length of time,

*Read by title before the Medical Association of the Southwest at Hot Springs, Ark., October 9, 1907.

they will multiply. So we find, by studying this subject, that persons who lead a sedentary life, or fast a great deal, are much more liable to have cholecystitis, and especially cholelithiasis. Persons whom we suspect of having a predisposition to stones should no be allowed to take long fasts; on the other hand, they should eat between meals, so as to keep digestion going on all the time and the viscus empty. The gall-bladder only acts as a reservoir for bile to be used in digestion.

I have inquired closely into the past history in the cases that have passed under my observation, and find that a large majority of them have had typhoid fever. This history may in some run back several years.

In an article by Dr. Camac, a former interne in the Johns Hopkins Hospital (American Journal of Medical Sciences, 1899) he said: "Chiari found the typhoid bacilli in twenty out of twenty-three cases." Other statistics are given with a large per cent in favor of typhoid. There is no question, but that these bacilli are the most frequent pathognic bacteria found, and the microscopical examination of the composition of gall stones shows them in the center of these bodies.

These opinions are only a few out of many as to the source of gall stones. This theory may at first be doubted, and it may be difficult to understand how stones could possibly come from this source. A Dr. Smith (Buffalo Medical Jounral, 1891) gives a good solution of the question. He says, "When local conditions, or the character of the bacteria lead to an infection of the catarrhal inflammatory type in the bile tracts, suppuration does not take place, but the deposit of cholestrin and bile salts about a focus of bacterial activity leads to gall stone formation. The colon bacilli and typhoid bacilli have lately been found by numerous observers as the basis of biliary calculi."

After reviewing this subject we come to the following conclusions: That the most probable cause of infection of the gall-bladder is not through the intestinal walls, nor through the hepatic tissue, nor through the duodenum through the hepatic ducts, but through the blood of the portal system; and from this source we not only have catarrhal and parenchymatous inflammations, with occasional empyema, but sometimes malignancy caused by the presence of stones.

We now desire to study the diagnosis of cholecystitis. The symptoms which direct us to a proper conclusion are not all present in any one case, and different forms and stages give us different symptoms. Prominent objective points are not always present, and we may have to arrive at a diagnosis by observing minor and subjective signs. Among the most prominent symptoms is tenderness immediately under the ninth intercostal cartilage. This, in my judgment, is as valuable a symptom as tenderness in the region of McBurney's point is of appendicitis. The tenderness may extend down for two or three inches. To elicit it, press the fingers up under the ribs, and require the patient to take a deep inspiration. He will complain of pain, and in many instances, if the fingers are held firmly, the act of inspiration is instantly stopped, as though there had been a sudden attack of pleurisy. There may be some swelling or fullness over the region of the gall-bladder, and percussion gives a general sense of uneasiness. By placing the patient on his hands and knees the gall-bladder may occasionally be felt to drop forward, and it can be outlined, especially if it contains stones. The stomach is usually deranged, and the patient not only suffers from indigestion, but severe gastralgia, that can only be relieved by emesis. I never have a patient with these symptoms but that I at once suspect cholecystitis and stones. There may be slight jaundice, frequently none, yet the close observer will notice that there are few cases that do not at some time or other show slight tinging of the conjunctiva. There may be chills and fever, sometimes two rigors a day attended with high fever, which lasts only for a short time then disappears. These chills may not return for several days, when they occur as before, and are often diagnosed as chronic malaria.

The patient is often of a morose disposition, or suffers with great depression at times. Sometimes there is emaciation and again there is irregularity in the heart beats, as well as great excitement of this organ. I had a patient once who was so nervous and prostrated by this that he could not walk up an ordinary flight of stairs without great exhaustion and when he stopped he would tremble all over, and his heart beat from 120 to 130 per minute, yet there was no disease of this organ. He had never had colic nor jaundice, and when I told him what was the matter he would not listen to me until jaundice set in two weeks later, when he permitted me to operate and recovered. Angina pectoris is sometimes a symptom, and can only be relieved by this operation.

Hepatic colic will aid in forcing a conclusion as to the presence of stones. Still there may be some doubt until they are found in the discharges. These stones are usually found after an attack of colic, and if they have facets upon them, they show that they

have had companions to rub against. After the passage of stones through the duct, the tenderness is usually increased. Occasionally the gall-bladder becomes very much distended, and will reach as low as Poupart's ligament. It may be mistaken for an appendicular abscess, and only an exploratory incision or aspiration enables us to determine which is present.

I have noticed in several cases where the gall-bladder was full of stones, or where there was empyema or hydrocholecystitis, that the administration of calomel and other active cholagogues, increased pain in the region of the liver; this pain was often attended with general tenderness over the organ. I can only account for such pain in this way; there being no bladder for the residue of bile, the ducts become overdistended and a condition of cholangitis is excited.

As to the treatment, we will not enter into the discussion of the subject extensively. It is divided into both medical and surgical, but I believe when the acute inflammation has subsided, and a chronic condition is established, but little can be accomplished by medical treatment, and an operation is justifiable whether there is evidence of stones or not. In fact I think a man may live much longer with stones in the gall-bladder than he can from many other conditions, and a surgeon is not generally required to take as active measures, when there are stones as when there is empyema, hydrocholecystitis, adhesions, or a general catarrhal condition. To operate and establish thorough drainage is certainly the thing to do. It allows the liver through the gall-bladder to evacuate itself well without effort. It allows the thickened and chronically inflamed ducts with their lining to get well. In fact it puts these ducts at rest and at the same time allows this excretory material to be cast off and by doing this prevents auto-intoxication. I have seen a jaundiced skin clear up in two days after making ventral fixation and opening the bladder at the fundus. I have seen the patient's appetite improve from the first. I have frequently seen the hypochondriac, morose, and melancholic conditions get better so fast that the patient would be greatly encouraged from the beginning.

As to the use of medicine to correct cholecystitis and to prevent the formation of stones, I think there is little benefit in it. I have thought after using olive oil thoroughly for weeks and months that it was of decided benefit. It does certainly relieve the attacks, although its constant use becomes nauseating.

The question is how can olive oil be of service? Staurt gives the following explanation: "With unobstructed pancreatic flow it is not improbable that by virtue of the fat-splitting ferment, stepsin, a portion of the oil is dissociated in the duodenum into its components, fatty acid and glyceryl, and nascent glycerin is formed, and exerts in the duodneum an effect somewhat analogous to that which takes place when glycerin is introduced into the rectum, withdrawing water, causing hyperemia and inducing irritation of the different nerves of the part of which it comes in contact, and thus leading to active reflex peristalsis."

The sodium phosphates and other agents have been advised without limit, but I do not believe we can hope to get any substantial benefit short of the knife, and the simplicity of this operation made early is within the reach of any physician who has anything like a surgical mind. It is true if the bladder has to be removed or there is great contraction of the same or if there are stones in the duct, it requires many times great surgical skill. There may not be much inflammation in some of these cases, and the bladder may have resumed to some extent its normal condition, but upon opening the abdomen and making an examination adhesions may be found between the gall-bladder, omentum, transverse colon and sometimes to the duodenum, so it will be foolishness on the part if the internal medicine man to hope to cure this patient when these conditions exist without resorting to the knife.

## TOXEMIA OF PREGNANCY.

B. L. HALE, A. B., M. D.

NEAL, KAS.

THIS subject is doubtless one of the great difficulties of modern medicine. The literature upon the subject is a bundle of contradictions. By this heading we mean all the toxic disturbances of the pregnant state, no matter by what name it may be called.

The picture brought to the physician's mind in a serious case is one long to be remembered. The condition may be one of a rather simple nature, yielding readily to the treatment of the empiric, or it may be of such gravity that it will lead up to either pernicious vomiting of pregnancy or eclampsia, baffling the most learned skill of the very elect.

We may divide these cases into two general classes, toxic and non-toxic. The non-toxic

may be subdivided into nervous and reflex. The manifestations of the toxemic type may be subdivided into three classes, mild, moderate and severe.

In cases of a neurotic type the patient may sleep well and have her trouble in the day time only. An accelerated pulse and severe giddiness, both hang out as red lights. You may have an abundance of urine, though as a rule it is scanty and of high specific gravity. The urine may be practically normal in constituents as well as in quantity. The amount of solids passed in the urine is probably below the average. Indican in the urine is the first sign of intestinal intoxication. You should take a twenty-four-hour quantity of urine; have your patient on a full diet if possible, in making the urinary examination. If not on a full diet this fact must be taken into account, as the ammoniac coefficient may be increased in starvation. So many of these cases be gin as one of intestinal intoxiccation, that it is highly important to keep the bowels patulous and use water freely.

If oxidation is closely watched we will find that the urea passes not as urea, but in some form of nitrogen, or that most important one, ammonia, as a result of non-oxidation.

In acid toxemia of pregnancy the blood is in a highly acid state.

As to the chemistry of this trouble we refer you to the current medical literature upon the subject, but we believe that we must look to chemistry to solve this problem.

The cause today is one of the hidden mysteries of medicine, and the man who unlocks the door will go down in history as one of the world's great benefactors.

We now come to that part of our subject that is full of interest to the attending physician and friends of the unfortunate patient, the clinical manifestations

Edgar tells us that though many toxemias may occur in pregnancy, yet the belief is gaining ground that a special autotoxic state of pregnancy exists, or the pregnant state predisposes or favors a condition of toxemia peculiar to the pregnant woman.

The two organs most likely to fail in doing their duty are the kidneys and the liver, and this failure in action is no doubt brought about by the action of the specific poison acting upon these organs.

This toxemic state is perhaps due to the state of the blood, but today we stand utterly ignorant as to the true origin of this poisonous material or materials causing toxemia of pregnancy.

The poisonous products may be derived from renal insufficiency, the gastro-intestinal tract, hepatic insufficiency, or from the suppression of the menses. These sources are, however, only theoretical. A low output of urea does not show the state to be one of autoxemia. The ammonia test today seems to be the one most reliable, but before we can rely upon it we must look carefully to the ammonia out put of healthy pregnant females.

As to treatment, first the uterus must be kept in proper position with colpeurynter or tampon. The cervix must be carefully looked after. Put the patient to bed early, and keep her there until all unfavorable symptoms pass off. Give plenty of water to flush out the kidneys, keeping them well open. Saline cathartics are not the best for the bowels, as they may increase the toxemia by dissolving the feces, thereby increasing the absorption of the intestinal toixns. If somiting should persist a five or ten-grain dose of calomel given in one dose will be of great service. We think it best to give the calomel in one large dose and not in small frequently repeated doses. In persistent vomiting the calomel will be retained, its weight preventing its being vomited.

Chloroform water, ingluvin, carbolized water, chloretone, carbolic acid and tincture of iodin, carbolic acid crystals, are all good. The carbolic acid crystals should be given in two or three grain dose in capsule. The carbolized water should be given in $\frac{1}{4}$ to $\frac{1}{2}$ m. of 95 per cent solution, every hour for six or eight doses, then every three or four hours till relieved. The skin should be kept active by baths and massage. A good bath is one made up of one teaspoonful of magnesium sulphate to the pint of water, bathing as frequently as necessary.

Normal saline injections per rectum are good, and in low states with scanty urine you may give them, six ounces of normal saline per bladder every three or four hours. A great deal of absorption takes place through the bladder, caused by reflex action of the kidneys. An ice bag over the epigastrium and over the uterus alternately will prove to be of great service.

The bromides per os or per rectum will be of benefit, the strontium bromide preferred, as it is least irritating.

In severe cases the mucous membranes will be found to be easily irritated. This fact will limit your operations per rectum and per vagina, as you will find the mucous membrane of the rectum and vagina almost as tender as that of the stomach. Vegetable cathartics of mild degree will often be very beneficial. If after these measures have been properly employed the vomiting still persists and the pulse not above 90 you may dilate the cervix, and this dilation must put the sphincters of the internal os on the stretch,

and should be sufficient to admit the index finger. This operation Edgar tells us is often very successful, though we have seen it fail. It should be done carefully enough not to induce abortion. Use either the finger or instrument for dilation, the finger is preferable.

In some of these cases it is utterly impossible to produce an abortion, any amount of stimulation being unable to arouse the uterus to action. Should dilating the cervix fail and the patient's pulse remain good you should then with the full consent of the patient and friends attempt a therapeutic abortion. A good method is by the introduction of a soft rubber catheter into the womb, observing strict asepsis. Before beginning the operation cut your catheter the proper length, plug up the open end so as to exclude the air when introduced, and after introduction pack the vagina well with sterile gauze. If preferred the uterus may be packed with narrow strips of sterile gauze, leaving the catheter out. Whichever method is employed leave in place twenty-four to thirty-six hours, unless labor begins sooner. If at the end of thirty-six hours you get no results anesthetize your patient and curette at once. This slow method will do if your patient is in good condition. However, if there are any signs of weakness curette without delay.

In curettment the uterus must be emptied completely, as the least part of conception that is left behind will keep up the vomiting.

This therapeutic abortion must not be performed without the full knowledge and consent of patient and friends, giving full weight to all moral and religious opinions in the matter. We can carry with us into the sick-room the Biblical injunction, "Between two evils choose yet the least."

In these cases the physician must never lose sight of the fact that he has two lives to save, and that he must not sacrifice either without dire necessity. The mother being worth more to the state, we believe her life should be saved instead of sacrificing both in an over-earnest desire to save both.

After therapeutic abortion your patient will cease vomiting at once, or die in two or three days.

Codeine hypodermically will be of service, so may veratrum viride, and sometimes morphine. The morphine and the veratrum may increase the vomiting,. In a certain per cent of these cases all measures fail.

As to diet popcorn will oftentimes be of great benefit, especially in cases of milder degree. If liquid foods do not do well then use solid foods. Employ rectal feeding when other methods fail. Your patient cannot be kept on rectal feeding alone for a longer period than fourteen days. The dietetics in this disease is really a part of the treatment.

Of the remedies mentioned above one of them, or any combination of them, will often times give relief while in others they will all fail, the patient dying in spite of all aid.

CASE I.—Mrs. C., aet. 30; third pregnancy; in her second month. Taken sick, which from her husband's description, appeared to be hepatic colic. Sent medicine, which failed to relieve; was called in and found a case of toxemia of pregnancy, vomiting, prostration, slight delirium, constipated. After about one week's treatment the patient was relieved with the usual remedies. When seven months pregnant patient suffered a second attack more violent than the first. All the symptoms were very much aggravated, vomiting violent and intense constipation severe and a greater degree of delirium. She vomited up all food and medicine until about the tenth day we succeeded in getting a 10-grain dose of calomel to stick. This moved her bowels freely and gave relief. Prior to this rectal injections had even failed. We followed this with carbolized water giving ½ m. 95% carbolic acid sol. to the dram of water every hour for six to eight doses, then three times a day. This brought relief, so that in about twenty days from beginning of sickness she was out of bed and improving. Albumin water was the only food she could take until nearly well. She went on to full term, had easy labor and was delivered of a healthy baby. Some two or three months after labor I treated her for renal insufficiency. The baby had no sickness except colic. CASE II.—Mrs. B., aet 20, stout built little woman, very active, full of life and energy. Pregnant about four weeks. Had slight headache, very nervous. Kidneys good, no delirium, vomiting, not severe, but continuous. Vomiting begun with conception, and persisted throughout the case. Patient not being able to sleep very much, did better when lying down. Exercise made her worse. We put her through the whole category of remedies with never more than half a days relief at one time. At the end of the sixth week we put her to bed and kept her there. When two and a half months gone used tampons with slight relief, but on account of irritating vagina had to stop them, treated the cervix at the same time. The cervix gave off a foul discharge. These measures giving no relief we dilated the cervix; no relief; then we introduced a catheter into the womb; no action; packed uterus with gauze; no pains or contractions, and as a last resort we curetted, and this also failed, the patient passing away at the end of the third month, and about three days

after curettement. The vomiting never ceased. The only thing detected wrong with her kidneys was at one time a trace of bile. The uterus seemed to become paralyzed, followed by the bladder with failure of the kidneys to act, the patient dying in uremic convulsions. We had two excellent trained nurses with her To increase the kidney action we gave her caffeine and sparteine hypodermically and normal saline sol. per bladder.

In the earlier part of the case we gave her bomide and normal saline per rectum, but the rectum showing signs of irritation had to save this for the feeding. Peptonized milk was retained nicely by the rectum. She also received a certain amount of ergothypodermically. No post-mortem.

## THE AGE IN WHICH WE LIVE.*

CURRAN POPE, M. D.,

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I would indeed be ungrateful and inappreciative if I did not first express my high appreciation of the distinguished honor that has been conferred upon me in being asked to deliver this Oration in Medicine; an honor coveted enough by those of maturer years to make it a distinguished honor when falling to one of mine, for it is at these times that one realizes fully the inadequacy of words in the expression of emotions. It has seemed proper to me with the character of audience I am to address that I should bring before the Ohio Valley Medical Association a subject that would possess interest *both* for the physician and the layman, and in speaking upon the subject I have chosen, "The Age in which We Live," I shall endeavor to show the relation that this age bears directly to the physician himself and its influences upon the people who apply to him for medical help and succor in their hours of distress and suffering.

### I.

Physiologists have found in the waters and pools of the surface a little animal composed of a gelatine-like substance called protoplasm. This tiny microscopic droplet of protoplasm is capable of performing all the functions of a perfect body: eat, digest, rest, recreate, work; thus personifying in its body the complete possibilities of a cell. As we rise from this lower elemental cell through the animal kingdom to man we find that the larger bodies that are easily viewed by the eye are, however, all composed of nothing more or less than myriads and millions of cells. As these cannot each perform all the duties necessary to sustain life they have become what we call "differentiated." That is to say, certain cells are grouped together to form organs or systems, with different functions, for the maintenance of the body as a whole. Thus a large group may be gathered together into what we call the liver, the stomach or the brain, and these cells constituting the liver, stomach or brain perform the single functions set aside for them in the human economy. The single or multiple functions performed by these different groups of cells, in

DR. CURRAN POPE.

the aggregate form the perfectly acting human being.

Single cells and group of cells, perform their functions in the economy beneficently aiding in the preservation of the integrity of the whole, or even maintaining life itself, and as a natural corollary it may be said that whatever aids and protects the cells or groups of cells is favorable to their existence, while pernicious and injurious influences may result in injury to single cells, to groups or to the body as a whole.

From this we may turn in analogy to the *body politic* and find that human beings, while they are not cells, are still units who may be gathered together for certain purposes and influenced as in the body by one another and may act upon each other; for, as an injury to any cell or cellular group means injury to the whole body, just so any

*Read before the Ohio Valley Medical Association at Evansville, Ind., November 13.

injury to the *human unit* or group of units in the body politic, is an injury to that entire body.

The physician in treating an individual *who is sick* is dealing with a person affected by all the influences that exist in the body politic, as well as by the injuries and diseases that afflict the cellular structures of his body; and so it becomes an inseparable part of his work to see and observe the effects of certain influences that change and modify, the condition of his patients, by influencing them as a unit of the entire body politic. While this is true with regard to his patients, it is also true with regard to himself, for he, being a unit is, like his patient, affected, changed or modified by all those influences that affect, change or modify the unit or the body politic as a whole. It is probably because of those influences that are brought to bear upon the human unit that we see types and characters develop in certain ages and in certain peoples. These types convey the characteristics of the "Age in which they Live," for the action of great forces upon the body politic, and through it upon the individual unit, so modify and change this unit as to gradually, through several generations, brings about *a type* that is different or modified from the pre-existing one, a resultant of these forces.

In addition to knowing the influences and their effects, as above enumerated, the layman should bear in mind the intimate and close relation between what is called "mind" and "body," for in reality mind is a part of the body and not separate and distinct from it. Mind is the result of brain action, and this brain is fed and cared for and maintained by the general body, share in all the influences and effects of disease and disorder in the body and in its turn being the dominating influence of the whole, affects every tissue, organ and function that is resident within the body. Thus whatever external influences may affect the functions that are resident in the brain or what is commonly known as mind, may not only directly influence the mind or brain itself, but may in its turn be shunted, as the electricians say upon all or any of the organs and tissues of the body so that the actions of the body politic as a whole or as a group of individuals may be conveyed by means of our senses to the brain and there cause its effects upon this organ which in its turn may influence all the rest of the body. We can thus see clearly how those changes that take place in the country and the "Age in which we Live" may be made to influence and affect the individual with regard to his external welfare, business and his bodily condition.

## II.

It may be unnecessary for me to say at the outset that life today is as it has always been a stupendous gigantic and unsolved problem the origin of which we know not nor do we *know* its eventual end beyond extinction. We, like the simple cell, come into this world helpless, breathe, move, exist and finally cease these actions which constitute death. It is with life itself and death that the physician has to deal with, and he is beginning to find that this life which has been aptly described as "strenuous" is affecting him and his patients materially. I take it that the word "strenuous" has come to mean a strained or over-strained existence. Probably of all men the physician has the greatest opportunity to observe upon the human being the effects of living both rightly and wrongly. Being a unit of the great whole he feels its influence upon himself and in turn sees its influence upon others around and about him for he is in closest intimacy with men, women and children at times and moments when they are unguarded and when they show more truly and absolutely the influences of their epoch than at any other time.

That the strenuous life of today is affecting the physician more than any other professional man is probably shown in the fact that of professional men more physicians commit suicide than any other, probably the result of the great mental and physicial strain under which they labor. I have often asked myself the question as to whether these overwrought men and women who take their lives who feel that they cannot carry the "white man's burden" who hope for surcease from the "slings and arrows of outrageous fortune," whether or not they were sane. One feels that something must be radically wrong in the "make-up" of an age when many bright and splendid intellects, both in men and women, are regarding life as a humiliating, cruel, practical joke of which they are the object. If these individuals are sane they certainly are over-strained and their over-strained and tired-brained constitutions lead them to an act that I for one believe is the result of the factors that we have to consider in the age in which we live. Think of the fact that State upon State, with numerous and large hospitals for the insane are crowded to the guards with patients and that applicants are being refused, and you will gain some idea of what it means to the mental status of the people of this country. Pessimism is not a part of my nature, but I look with dread akin to terror upon the steady growth of nervously degenerated and breaking down human beings and wonder what will be the future's heritage.

III.

Alcohol, morphine and allied drugs have marvelously increased in their consumption, and this is but a sign-post, indicating the trend of the nation. When we stop and consider how many weak, unstable and erratic people there are in this world we gain some idea of the danger of the acquirement of these habits by even the medicinal prescription from the physician, and it behooves him on his part to consider the ravages that are being made into the nerve force of the nation when he glibly prescribes alcohol in any form or administers a single hypodermic. From time immemorial men have asked the question, "Can sorrow from the goblet flow? Each and every human being possesses an innate desire to escape suffering and discomfort, the wear and tear, the turmoil and upsetting of this life; a desire to seek pleasure and happiness even if it be purchased at the price of destruction. These drugs, for alcohol should be so classified, drown, obtund and shut off all the highest and most beautiful of the mental faculties, those that raise man as high above the brute creation as his Maker is above him.

With the loss of these controlling factors of brain moral degradation, physical ruin is but a short step and this, alas! is not limited to the individual who foolishly or unwittingly partakes, but it becomes the cause of suffering homes, wretched and sad eyed women, neglected and beaten children, a stigma alike to the individual, his nation and his civilization. No one who has had as intimate an opportunity as myself to see the depths to which these narcotics and anesthetics may bring an individual and his family, and, on the other hand, the glorious joy and bright happiness that comes from temperance and temperate living, can but believe that total and absolute abstinence is the only hope for the unstable ones and, in fact the best prescription for the stable ones. Let us pause for a moment and ask the question as to whether this is vice on the part of the individual, or is it the resultant of certain factors acting upon an already high strung nervous organization? I am satisfied that we should regard addiction to alcohol and narcotic drugs as a disease and not a vice, a peculiar state of the nervous organization which, keyed to the highest pitch, seeks in the consumption of these drugs a sedative, relaxing and quieting influence to relieve the intense tension under which we work. Thus they in their turn prove but one link in the vicious chain or cycle that is influencing and modifying the whole age in which we live. It were against common sense and the laws of God and man to believe that from such parentag healthy and strong children could spring those who would be an honor to their Stat and their country; and thus the weakene individual and victim carries his unfortunat curse into unborn generations.

IV.

Life is a sacred thing and Mammon an his millions are not all that constitute nor its hopes. Millions, when properl used, are capable of giving not only the owner great pleasure and the many comfort and luxuries of life, but confer upon thos who own them happiness, provided they a rightly and properly spent. I say it with out hesitation that as a choice between th author of Goldsmith's "Traveler" or "De serted Village," Gray's 'Elegy in a Countr Churchyard," "Thanatopsis," the disco erer of the diphtheria antitoxin or a metho to aid the tuberculous and millions I woul much prefer to hand as a heritage to com ing generations the gems of literature abov noted or confer upon the hopelessly ill th boon of a great discovery. One of the sad dest of all sights to the thoughtful man to day is the selfish life of those who follo Mammon and his ways. Where are the en tertainments now purely scientific and lite ary? What is becoming of the lecture bu reaus, music, art, poetry and the drama Nothing, unless attached to the other en of the string is the almighty and ever-pre ent dollar. Who would think today of "was ing his time" on a lecture on astronomy science, art or literature? In fact it ha reached a point almost where necessity driving men to consider money at ever turn. Stop and think of the astoundin fact that ten per cent of the population ow 90 to 92 per cent of all the property i America, and that in spite of the fact tha we apparently have with us "the full dinne pail" and the cheering howl of prosperity it is estimated that 20,000,000 people a facing poverty and the want of their dail bread; that morality has been so lowered b the present strenuous living that immoralit in the cities and towns has increased unt it is simply appalling and beyond belie The divorce court, thousands of deserte wives, all testify to the inability to care fo and support those who should be loved an respected. The money god triumphant, ha poisoned the minds and the hearts of th men and women of today until a young ma with limited means just starting out in lif dare not even think of matrimony and fireside of his own. In all stratas of socie a 'catch" is sought for; that is to say happ ness and peace and content are not aske

for with the blessing of Diety, but instead it is "how much money" in order that a vulgar and constant parade may be made of wealth, much of which, to put it mildly, is ill-gotten. Our esteemed president has called attention to the decreasing birth rate in America, and to the fact that a "race suicide" is taking place. Is it because parents cannot support children that they are not brought to brighten households and make hearts happy? It seems to me that his is partly true, but, on the other hand, that the increased cost of living and the desire to "make a show" tends to prevent the growth of large families, for the selfish motive of wishing to enjoy life and to make a show overcomes the instinctive law of Nature. Morality and the ethical code of living can not rise on such a basis for, say what you will and do what you may, the violation of God's laws brings with it a retribution that while it may not be swift still it is fearfully and certainly sure. What an outlook —alcohol, drugs and the love of money— which is the root of pretty nearly all that is evil.

V.

The nation is degenerating physically. In a land where "wealth accumulates and men decay" we only know too well what history has taught is the ultimate result. We used to look with glad and longing eyes to the country with its green fields and pastures, with its fresh air and sunlight, for the strong and sturdy farmer boy as a basis upon which the Nation should rest for the continued propagation of strong and healthy men and women. It was hoped that he would be spared in usefulness and entirety that the Nation might thereby be benefited and regenerated, but this was not to be. The combination of capital, the aggregation of wealth into the hands of the few, and these of utterly unscrupulous character, enabled them to so manipulate the products, not alone of loom and factory, but those that God gave to man out of the plentitude of the soil, and as a natural result the farmer is compelled to as carefully watch the markets and state of the public financial pulse as did formerly the broker and the city man, so that today with the telegraph, the telephone, with stock quotations and changes in markets, with the influence of world-wide diplomatic relations, he is compelled to be alive to the age in which he lives, or else succumb inevitably to its gigantic progress. But we have been drifting away from anything that develops the brawn of the individual. This is seen in the labor-saving appliances and modern inventions, in the rapid transit in cities that enables the individual to ride when he ought to walk, all showing a tendency not only toward physical deterioration, but toward a tendency to disregard this essential element of life in the strenuous endeavor to make money and avoid physical work. It may not be amiss to call attention to the wonderful use the Japanese make of physical exercise which forms a part of the national system of public education, and has even in a short time raised the stature of these little men quite perceptibly. This physical decadence is a dangerous item in the sum total of the nation's danger.

VI.

The Press, what is it? One of the greatest engines of civilization; without it darkest Africa. I have a high appreciation of the great mission of the press. As an educator of the people in the important and daily interests of the country; of a press unvenalized, that stands for all that is right and good and true, defending the cause of the people and standing for the right of the individual against the aggressive encroachment of wealth and power. Think of the marvelous methods of collecting news. Think of the labor and the brains involved. From Morocco, from St. Petersburg, Chicago and New Orleans; from the country and the city comes from each a modicum of news, the accurateness of which is startling when we consider its scope. There has been developed as a result a brilliant group of men with a peculiar, terse literary style who labor unceasingly night and day in the dark and light, like great genii, in the almost unknown and unknowable accumulation of interesting news. To one who has stood and seen the "make-up" and printing of a great paper marvel becomes still more marvelous. The great presses seem to groan and thunder under the mighty touch of steam and electricity, sending forth in the printed and folded papers the condensed news, the happiness and sorrows and horrors of the entire world. America in this particular is ahead of the world and the newspaper, honest and untouched, could be one of the greatest factors in the world for good.

Look upon that picture and then upon this. A venalized press loses its mission; its honesty and its self-respect are gone; who can then respect it? Deep in the grime and filth of politics, knowing as the press only knows the true and intricate facts of this system, it could protect the people, create security and happiness little short of the days of the hoped for millenium. Unvenalized it would cleanse politics, business life and professions by eliminating the dishonest, the worthless

and the untrue, cultivating in its different spheres of life the sturdy and hardy oaks of manhood and crushing out the slime and rapid growing mushrooms of fraud. The press holds within its grasp the power to ruin almost any individual, and it is gratifying to know how rarely this is used. It is sad to n ote the growing morbid mental state in the people of this country who seem to desire papers tc "feature" scandal and murder, social filth and degradation, quacks and adventurers until it has reached a point where even men turn from it palled with the sickening and horrifying details that revolt all that is good and true, moral and virtuous in the best of manhood and womanhood. Editors rarely stop and reflect that they are not only a constant, but a large factor in the production of the present increase of nervous and unstable men and women. The constant excitement and repetition of the unfortunate facts above mentioned cannot but be bad for minds and nerves, unsettling for pure and youthful minds, a preventive of high ideals and pure morals, a constant wear and tear.

Gentlemen of the Press, your mission is one of the noblest and grandest in the wide field of literature and letters. Keep it undefiled and in as great purity as the untrodden snow.

## VII.

The public service corporation has probably had as much to do with the general upsetting and unbalance of the individual today as almost any conceivable factor. Modern over-capitalized corporations are conceived in iniquity and born in sin, are the result of the debauchery of politicians who are willing to deprive the people of their rights. We have excellent authority* for the statement that the great wealth attained by the very few in this country has been largely gotten through this debauchery of the public service corporation by a formula of making something from nothing and then selling it to the public. And how is this accomplished? It is a sad commentary to think that one of the foremost and most brilliant legal minds of America, trained with all the intricacies of the law, should have loaned this knowledge and this ability for the plain, simple purposes of fraud. Coming as I do from a long line of lawyers and knowing the legal fraternity with a fair degree of intimacy, I do not hesitate to state that there are good lawyers and bad lawyers, but were it not for this fraternity it would be almost impossible for these corporations to continue the robbery of the people by watering stocks and high rates, thus depriving the investor of the security of his money, costing the individual vast sums for freight or travel and depriving the employe of the legitimate right to participate in the earnings of these great roads, steam and electric, that have literally covered this great country like the mesh work of a spider's web. It has become a fad and perhaps a fashion for lawyers to indulge in loud-mouthed railings against the medico-legal expert, but the harm and the crimes of the calendar unjustly charged against him in many instances are but as a mote in the eye compared to the beam of wretched dishonorable and even criminal practices in which they themselves are engaged, that a few may, like the buzzard, feed upon the carcasses of the wretched and unhappy public.

## VIII.

Closely allied to the foregoing and a natural outgrowth of greed, oppression and fraud are the great aggregations of capital or wealth commonly designated as "trust." These represent the 10 per cent of individuals who hold the 90 per cent of wealth. Their object is the crushing out of the small or middle man, to secure a market without opposition, that can be so manipulated that prices may be changed to suit the whims and caprice of this depraved class. Stop and think what a terrible influence it must be upon the mind and nerves, the health and happiness of some one of you, my brethern, who are slowly being crushed between the upper and neither millstones of these terrible powers. It not only means the crushing out of fiancial competition, but it literally means the checking and ruining of individuality, that one particular item that is the greatest force in the make-up of a free and independent republic. There is probably no more stimulating incentive to labor and exertion, to the honorable pursuit of business or profession, than the privilege of owning and operating your own business. Pride of possession becomes with many a creed, and as Zola once has said that when an individual tastes of possession and owns the land on which he lives a certain hunger comes to him from which he never recovers. Do you think that this individuality, both of thought and action, is cultivated by rendering men and women dependent upon a "trust" for a meager salary and existence? For as long as this exists there arises a constant worry over the one thing of all others that is most important to us, namely, the uncertainty of living. Fears, worries and depression destroy the happiness, individuality and activity of the individual and render him less of value as a unit in republican countries and

* Chas. E. Russell, "Where Did You Get It, Gentlemen?" Everybody's, August, September and October, 1907.

institutions, for with this destroyed, blunting of mental activity, a feeling of "don't care" takes place and the field of endeavor is lessened.

Think you that the physician is not markedly influenced by these causes? The minute you make the uncertainty of living great that moment does the uncertainty of recompense to the professional man become a live problem and he becomes one of the group of "uncertains." With this wear and tear and this worry it becomes more difficult for him to cure his patients under these circumstances, for it is axiomatic that the heavier the mental load and worry the greater the difficulty of a physician in lifting his patient from the sea of diseases and disorder. God Almighty, himself, and the constitution of this great and noble country gives us all not alone the right to live, not alone gives us equality before the law, but says that we may expect reasonable happiness as well as the promise of joy beyond the grave from right living, but these "bodies corporate" these heartless, bloodless, nerveless bodies have set a new standard and "into their make-up no pity or thought of the morrow enters for a moment. They have woven the net so close that it seems literally a vicious circle so that the dollar starting from their pockets makes a circle only to return to the original starting point."

Are these men honest? The question is easily answered. The late President Harrison, in a speech at the Auditorium in Chicago, said that the middle and poorer classes, the laboring man, and the farmer are the men that pay its taxes. The men who speak to Sunday-school classes and write articles upon "Honesty is the Best Policy" and the "Importance of a Good Moral Character in Starting out in Life" are the men who engage in tax dodging and in falsification every day of the year. "These are the people whose morality is such," says Congressman Cushman, "that they would rather cut a dash, would rather ride in a mortgaged automobile, on borrowed gasoline, than walk in the paths of honorable obscurity in virtuous unostentation." Even those who peruse superficially the papers of today know that these men in the supposedly high places of the country are guilty of crimes that come well within the moral and probably within the criminal category, were it not for the fact that they have "slick" enough lawyers to get them out. What a commentary, what a thought that those who should lead and by their example set for us a moral standard, are the very ones that are holding the mirror up to Nature, the reflecting image of which is so sad and so horrible that we dare not glance into its surface.

IX.

Combinations of capital and wealth wrought these evils. The helpless and the working class were compelled to retaliate; they combined and as an outgrowth we have the labor unions. As a corollary to what we have said it may be stated that labor is the body that is most affected by these conditions of combination and finance and that is to this great body that we physicians must look for our living and sustenance just as the merchant and manufacturer has to do, for 90 per cent of our practice is made up of the respectable middle or so-called common class of people. If they are crushed and starved we starve with them; if they are injured so are we, and hence what is their interest is our interest, and we are inseparably, as physicians bound to them by ties which cannot be easily severed. Who but physicians know the difficulties and the sufferings of these people and how hard it is for physicians to practice among them, lacking as they do many of the conveniences of life? Their only hope was "L'Union Fait La Force," for they were the grain that, as we have said before, were fed between the upper and lower grindstones, oftentimes regarded not at all by either side.

A careful study of the forces at war between labor and capital will show the frequency with which the strike is directed against the public service corporation and the trust, probably because they have been able to put the thumb screw on just a little tighter and press down the grindstone just a little bit harder. It is then that the innate and fundamental desire to preserve life and existence comes into effect and the organized body of men strike back. Nothing is more regretable than the states of warfare that succeed these fights. The cruelty of the corporation on one size and the cruelty of outraged manhood on the other. I defend neither side, but by all of this the people are upset, disturbed, their business interfered with, their interest directly involved, and thus the public is made not only to suffer in purse, but has a strain put upon them sometimes more than mentality can bear. I have seen sick men and women worry themsevles frantic over a strike, not alone because of the loss of money and time to those upon whom they depend, but because of the actual physical danger involved.

One cannot blame a just and reasonable objection on the part of men to be ground down and overworked. It is this feature that probably has a great deal to do with the frequency of wrecks upon the rails of public

service corporations, for back of all the cause to which these wrecks may be attributed is the principal, primary or predisposing one, of a worn out, exhausted nervous system in engineers, firemen and conductors, indeed in all those connected with these bodies. I have seen many of these men who were actually so exhausted that they should not have been at work, and yet were compelled to do so for fear of losing their "runs," and thus the sustenance of their families. Physicians know how to sympathize with these men for they themselves have experienced the same feeling and had just such experiences. But it is not alone the laboring class that suffers, for as Dr. Notman said of the death of Hon. James H. Eckles, of Chicago, that he had been cut down in the prime of life by the strain of business and that the lesson of his death should be taken to heart by business men who should try to set aside the strenuousness of their life as much as possible in order that they might live to a ripe old age and enjoy the fruits of reasonable labor.

## X.

Politics represent probably at the present day the worst feature of our republican institutions and exerts a profound and extensive upsetting effect upon the lives and nerve of the American public. It is a maelstrom and cesspool into which one has neither time nor inclination to delve, for it is probably more patent to the average individual than some of the facts that we have considered here tonight. It is but typical of the conditions existing in many lines that are closely identified and associated with political life. What would the good forefathers of this Nation have thought if they could have known that during the year 1906 fourteen and three-quarter million dollars were stolen through forgery, bank wrecking, defaulting and embezzlement? What would they have thought of ten and a quarter thousand suicides; nine thousand, three hundred and fifty murders; a proportionate amount of other crimes, ill health, domestic infelicity, intemperance, despondency and insanity in many who remain? Passion and appetite, dishonesty, bribery, graft and corruption, the weakness of officials to enforce the law, the benefits of special privileges to the few and a denial of equal rights, all by those sworn to uphold the law before God and man. The failure to appreciate the Golden Rule of "live and let live" has resulted in producing widespread evil effects that alone would require hours to consider and can only be touched upon in the briefest possible manner in the short time at our disposal. Think of the brazen utterance of a great financier* stating that "if he wanted legislation from a State legislature he could easily buy it; that he could buy Congress, and that, if necessary, he could buy the judiciary." What are we coming to? Can it be possible that the sole hope for the preservation of the greatest institutions of liberty and the protection of human life and property have become so permeated with the low moral standard that even those placed in the highest and most sanctified of positions give way before the pressure of the money god? Sad is it to relate that even the churches and oftentimes ministers of the gospel are compelled to follow out lines of "policy" because of the dominant influence of moneyed men in Church and State. At least we could hope that our judiciary, who give to us the human interpretation of just and equality, and those who teach us the beneficent message of God to his people, should at least keep themselves as spotless as the driven snow and not permit themselves to fall and be trampled into the slush and mire of the street. Can any other thought be more unsettling than this?

A certain prominent Eastern financier† has stated that he has a remedy for the existing evils of Wall Street and the rotten financial and corporate institutions that have flourished in this country. Alas, we have as yet been denied the pleasure of knowing what this measure is and in what way his astute brain has conjured up a method for defeating the hitherto invincible forces of Mammon.

Shall I attempt to offer a suggestion that will render his present life less strenuous, less nerve-racking, less trying? If I were asked to encompass it in one word I would say "Education;" that is the keynote. Education not alone as it is understood today, meaning education of the brain, an improvement of the mind, but an education of morals, an improvement of ideals. When the people become educated to these facts they will send to the legislative bodies, National and State, honest men of ability, blest with health and strength of mind and with a reasonable and fair possesssion of this world's goods. Men of the plain and simple style, tamped with the rugged power and individuality of a Lincoln or a Roosevelt; men who would spurn to do a dishonorable act and would feel that the poverty-stricken masses would be granted their rights, given an opportunity to live and let live, to have the pleasure and happiness that God and the constitution foreordained for them, who would control excessive wealth-getting by ir-

*E. H. Harriman.
† Thomas F. Lawson, of Boston, Mass.

regular and improper methods, who would spurn the very contact of the odious individual whose method of gum-shoe bribery and corruption has been the curse of legislative bodies for several decades. Into the eyes and faces of such men the sneaking lobbyist and the unconscionable legal viper would dare not look and trickery would cease to be proclaimed as a virtue.

You will possibly say that this is a chimera, a Utopian dream of one who has never seen nor known "practical politics" and corporate methods. To that impeachment I would be compelled to plead guilty, but it is just Utopian enough to make one hope that politics will lose its practicality and that men will no longer be politicians, but in their sturdy manhood will rise to the point where they are statesmen. When this state is reached we may expect to see some of the golden era that we have all longed and hoped for. When that comes men may labor with the feeling that they will receive their full and justified reward. The smile of gladness and the laugh of joy will be in the hearts of women and children now oppressed. No longer greed and avarice will be spread over the land like some great and monstrous octopus, sinking its tentacles into the hearts and vitals of the people. Then the air that we breathe, the acts that we do will be freer and nobler from the example set us by those we have honored.

With education will come the fine discriminating intelligence in the casting of the ballot. Nor should the doctor in his relation to his people and to the body politic fail to take an interest in politics, not as an office-seeker, save in certain instances, for I do not believe that he is fitted, because of his work, to take this part, but he, like others who believe in civic righteousness, should take that interest in his governing power that will lead him to cautiously and carefully select those only who are by nature and by proven living the men capable of fulfilling this Utopian dream. Some physicians should always form a part of every National and State legislative body. They should be physicians who can afford to devote themselves to the public welfare without the need of profit or personal recompense. It should be their duty to see that in the enactment of laws the health of the individual and the public is safeguarded; that nothing is done that will pander to those elements whose sole aim is their own aggrandizement or personal gain and who never consider the needs of the individual or the public. Were this dream undissolved we might then hope to see the noble Ship of State steered with unshaking and unending accuracy between Scylla and Charybdis, justly and truly controlling the predatory intincts of corporate greed on the one hand and on the other protecting the interests and rights of the people and seeing that both receive equal justice, with special privileges to none.

113 W. Chestnut street.

## A PLEA FOR THE PHARMACOPEIA.

At the recent annual meeting of the American Pharmaceutical Association the undersigned was directed to send you a copy of the following resolutions:

WHEREAS, The American Medical Association, the American Pharmaceutical Association and the National Association, of Retail Druggists, together with many State and local organizations and journals in both professions have been for some years endeavoring to bring about a return to the practice of medicine based on the pharmacopoeia; and

WHEREAS, The medical colleges are represented on the Committee of Revision of the U. S. Pharmacopeia, and

WHEREAS, It is manifest to the thoughtful men both in medicine and pharmacy that a very large number of medical men might be better informed regarding the pharmacopeia as a book of reference and standards; be it therefore

*Resolved*, That it is the sense of the American Pharmaceutical Association in convention assembled, that a great advance in the ethical practice of medicine and pharmacy will be made when the medical collegs make the pharmacopeia a prescribed text-book or book of reference, and require a familiarity with it in their examinations.

*Resolved*, That we request the governing authorities of all medical colleges in the United States to put into force such a ruling in their respective institutions as will insure in future classes a well grounded knowledge of materia medica and Pharmacognosy, as set forth in the pharmacopeia.

*Resolved*, That the general secretary be directed to transmit a copy of these resolutions to each medical college in the United States and to the medical and pharmaceutical press.

DR. JOSEPH PRICE, of Philadelphia, Pa., conducted a clinic at the City Hospital November 15th in the morning. In the afternoon he officiated in a clinic at St. John's Hospital. Both were attended by a large number of physicians of the city, as well as the City Hospital physicians. Dr. Price departed for his home on the 16th.

# THE MEDICAL FORTNIGHTLY

**Issued Tenth and Twenty-Fifth of Every Month.**

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## EDITORIAL

**The Control of the Sale of Liquors.**

So much has been said relative to the "Lid," and there has been such a clamor about the hardship which Sunday closing of saloons has entailed, that we feel some pleasure in a statistical verification of the ground we took some months since which has recently appeared in the Post-Dispatch. St. Louis is becoming a more orderly city, and this without detriment to its general business progress. We have lately completed two years with Sunday closing of saloons, and although there has been such a material growth of the city that the increase in population would normally carry with it some increase in such crimes and misdemeanors, or lead to arrest as compared with the two years preceding them, there is, on the contrary, a reduction shown in most of those disturbances which are associated with the use of intoxicants. Space will not permit a reproduction of the table, but some of its points are worthy of enumeration, it being borne in mind that the lid years were the later and represent a larger population. The lid years show less arrests from all causes; 978 less arrests for frequenting saloons; 1809 less Sunday arrests; 867 less Sunday arrests for drunkenness; 85 less arrests for Sunday assault to kill; 567 less arrests for Sunday disturbance of peace; 92 less deaths in city institutions from alcoholism; 50 less homicides; 16 less fatal accidents; 2718 less deaths. There were 212 more arrests for drunkenness; 13 more Sunday arrests for assaul and battery; 25 more deaths due directly to alcohol; 1 more suicide. There is a lesson in these figures. The people who are not being harmed by any of these things may well put up with the little inconvenience which the lid has occasioned them if by it the general pubilc can be so materially benefited. The medical man is supposed to have a definite concern wit things hygienic and dietetic which affect the general public; there seems abundant reason why he should approve Sunday closing and speak intelligently in its favor; it is not to him the question of a drink, it is rather a matter of the preservation of health and protection from bodily injury, for the same elements of society that we are so vigorously instructing in the subject of tuberculosis, those who are surrounded by ignorance and poverty and viciousness, and who do not know how to care for themselves.

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**The Under Average Child.**

THERE are few schools which do not number among those enrolled one or more children who do not learn rapidly, who are always behind their fellows and who seem hopelessly out of place; the constant dropping behind, the ridicule of classmates, and the censure of tired teachers often make such lose what little hope they have and they welcome any excuse which will finally free them from further attendance, or they stumble along until growth has placed their bodies out of proportion to their standing in school and they find themselves classed as mentally deficient. With many of these an error in vision or hearing has never been detected, or never until the damage is done. But not all children who learn slowly are deficient, frequently a backward one will without explanation catch the meaning of the work and prove to have a brilliant mind, when such an outcome could never have been anticipated. We believe that every large school system should have one or more rooms for those who must go slowly, and over it should preside the best teacher at the board's command, a woman with education, patience, common-sense. Such a school should be safeguarded in every way against and possibility of being considered a school for the feeble minded; there should be no stigma connected with attendance, and those who are definitely of unsound mind should not gain admittance to it, else it will be a disaster rather than a benefit.

The daily press of the past week has come out with heavy headlines that the local school board had determined to establish a school for childern of "Unsound Minds," the article under this heading telling us that Superintendent Soldan estimates that there are in the St. Louis schools 181 children with defective memory. Defective memory does not mean "unsound mind," it is a deficiency which may, with proper care, be remedied, just as may several other defects which make

some children unable to keep up with their fellows. If the new departure is to start with such a name as this it is an unwelcome innovation and will be a lamentable failure. The State has its school for idiots who are able to learn at all, and for children of unsound mind. What St. Louis needs is a school where backward children may be taught, where they will be encouraged, and where their progress, if established, will allow them to resume their places in regular schools at any time. A considerable proportion would, with proper and painstaking care, redeem their reputations and do effective work. But let a backard child of school age be placed in a school which he and every other child knows is peopled by children of "unsound mind" and you are doing him an injury that can never be repaired unless his condition is a close approach to idiocy.

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**An Important Step in Medical Reform.**

THE campaign to eliminate abortion and abortionists from St. Louis received its strongest impetus in an act of the Post office department, which was announced in the local press November 16th. An effort has been made to have the advertisements of certain persons and companies declared unmailable because of their suggestive character and, in some cases, more than suggestive offering of a termination of pregnancy to the public. The St. Louis Medical Society has been interested in this specific phase of the campaign to some effect through its attorney and Committee on Public Health and Legislation. But the matter affected the local press in a vital point and results came slowly and in spite of forceful opposition, the results came too slowly to cause much enthusiasm or hopefulness. A change was immediately evident when Assistant Health Commissioner Winn was interested, and with him were one or two independent and fearless physicians, and the subject was brought to the postal authorities, who detailed Inspector McAfee to determine the facts with the result that certain advertisers enumerated below have been denied the use of the mails, and Postmaster Wyman has been notified to exclude from the mails papers containing their advertisements, and to return to senders mail addressed to them. The parties named are as follows: Dr. De Myers and De Myers-Dennis Medical Company; De Myers Sanitarium, No. 2112 Olive street; Dennis Sanitarium, No. 2639 Washintgon avenue North Side Sanitarium and South Side Sanitarium, St. Louis. Also has an office at No. 5½ Main street, East St. Louis, Ill.

Dr. Mahon and Dr. W. T. Mahon, No. 2304 Park avenue.

Mrs. Pauline Kahn, No. 3117 Nebraska avenue.

Mrs. Dr. Smith Bruegal, No. 3507 Franklin avenue.

The South Side Sanitarium, No. 2324 South Twelfth street.

Mrs. Whittle, No. 2910 Olive street.

Dr. Demmier and Thomas Remedy Company, No. 3125 Olive street.

Drs. Mary Arthur No. 3129 Morgan street.

Drs A. Schroeder, No. 2907 Franklin avenue.

Ward Remedy Company, No. 2902 Washington avenue.

Mrs. Hoelker, No. 2322 Clark street.

Mmes. Marrifield and Unger, No. 607 Easton avenue.

Dr. Fitzporter and Galen Medical Institute, No. 1516 Chestnut street.

The action of the department is in line with like action in Boston, New York, Philadelphia, Buffalo and Chicago.

It is a tremendous accomplishment for the betterment of conditions and is, by all odds, the best thing which has been done since the beginning of the campaign. Credit is due to the Assistant Health Commissioner and his associates for their effective work.

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DR. PICKNEY FRENCH has resigned the presidency of the Missouri-Lincoln Trust Company, and will hereafter devote his entire time to his surgical work.

DR. W. B. OUTTEN, chief surgeon of the Mo. Pacific R. R., was a guest at the meeting of the North Eastern Railway Surgeons Association, which convened in New York City, November 14, 15. Dr. Outten is one of the local physicians who has contributed in a large degree to the high respect the St. Louis profession is now commanding in all sections.

SURGICAL MEETING.—Preparations for the meeting of the Western Surgical and Gynecological Association, which is to be held in this city late in December, are well under way. The local committee has arranged to make the general headquarters and meeting-place all under one roof, it being believed that this will contribute in no small degree to the success of the meeting. The Southern Hotel has been selected for this purpose and unquestionably is beyond any other suited to the needs of the Association.

## LOCAL MEDICAL NEWS

A New Special Journal.—The Missouri Association for the Relief and Control of Tuberculosis has begun the publication of a periodical, which is devoted to the work of the association and is edited by its able secretary, Mr. Robt. J. Newton. The November number, which is the initial appearance, is filled with matter of tremendous interest and great importance; it presages a useful existence for "Control," which is the name it is to bear.

Medical Headquarters—It has for a long time seems desirable that some point might be determined and an efficient clerk installed, which might be denominated the Medical Information Bureau of the city. The St. Louis Medical Society, with the cooperation of the Medical Library Association, has inaugurated such a bureau at the Auditorium, 332 Pine St. Dr. Edith Strong has been placed in charge and is prepared to give information as to clinics, hospitals, and other medical matters that visitors or members of the society may desire. It is thought that a Nurse's Directory may be a feature later. The venture will be widened in its scope as need is demonstrated.

Scientific Work of Our Society.—The new by-laws have changed the regular meetings of our society to the first and third Saturdays of each month, and these meetings are devoted almost exclusively to scientific work. In order that there may be a scientific program each Saturday evening it has been arranged that the Medical Section shall meet on the second and the Surgical Section on the fourth Saturdays in the Auditorium. Two or three months of each year have five Saturdays and the Council feels that these evenings may well be devoted to social and fraternal development. To inaugurate this the officers will give a smoker to the members on the evening of November 30th. Light refreshments and cigars will be served, and the evening will be devoted to finding out what good fellows your neighbors are. It is hoped that every member of the society will feel himself obligated to be present.

Dr. Essick Killed.—Dr. W. W. Essick, professor of railway surgery at the St. Louis College of Physicians and Surgeons, was run over and killed by a switch engine near his home at Murhpysboro, Ill., November 15th. His residence and office were in a building near the railroad tracks, which are below the level of the ground at that point. It is believed that he was walking near the edge of the track depression and stumbed down the embankment. The switch engine passed over his body and death was immediate. Dr. Essick had been a member of the faculty of the local college three years. He was surgeon for the Mobile & Ohio Railroad at Muphysboro, having held that position for fifteen years. He lectured once every two weeks to his classes in St. Louis. His death was announced to his fellow professors Friday evening by a telegram from Mrs. Essick to Dr. Waldo Briggs. Dr. Essick was graduated from the Medical Department of the University of Tennessee in 1882.

The Millican Banquet.—The testimonial banquet to Dr. Kenneth W. Millican, which was mentioned in our last issue, occurred on the evening of Friday, November 8th. The function was given by some sixty of the doctor's friends as a testimonial of the high esteem in which they hold him. As a memento of the affection and esteem in which he is held, a gold watch was presented to him. The following toasts were given: The Man We Honor and Why We Honor Him, by Dr. James Moore Ball; Dr. Millican as a Friend, Dr. J. R. Lemen; Dr. Millican as a Scholar, by Dr. M. G. Seelig; Dr. Millican as an Editor, by Dr. Louis M. Warfield; Why We Regret to Lose Him, by Dr. O. A. Wall; Our Wishes for His Future, by Dr. John C. Morfit. Dr. Hughes presented the watch and expressed our felicitations. Dr. Millican accepted the courtesies extended with that modesty which is native to him. He urged the local profession to make a systematic effort through some responsible and capable representative, to supply the Journal of the American Medical Association with local news of general interest. His remarks showed quite clearly that other communities are at last awakening to the fact that St. Louis is awake and doing, and that now they want to know the details of what is being done, and how accomplished. The function was one of the most successful ever given here. The whole tenor of the remarks made by the various speakers was a tribute to the learning, culture sincerity and manliness of Dr. Millican, erstwhile Editor of the St. Louis Medical Review and now Associate Editor of the Journal.

### OBJECT TO THE PROMISCUOUS USE OF THE RED CROSS SYMBOL.

The Executive Committee of the American Red Cross have adopted resolutions, which we reproduce below, urging general co-operation in an endeavor to eliminate the use of the Red Cross for advertising or commercial purposes, to, in fact, limit its use to

the work of the association. The resolutions are as follows:

WHEREAS, By international agreement in the Treaty of Geneva, 1864, and the revise Treaty of Geneva, 1906, "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross" were adopted to designate the personnel protected by this convention, and

WHEREAS, The treaty further provides (Article 23) that "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross can only be used whether in time of peace or war, to protect or designate sanitary formations and establishments, the personnel and material protected by this convention,' and

WHEREAS, The American National Red Cross comes under the regulations of the treaty, according to Article 10, "volunteer aid societies, duly recognized by their respective governments," such recognition and authority having been conferred upon the American Nation Red Cross in the charter granted by Congress, January 5, 1905, Sec. 2, "The corporation hereby created is designated as the organization which is authorized to act in matters of relief under said treaty;" and, furthermore.,

WHEREAS, In the Revised Treaty of Geneva, 1906, in Article 27, it is provided that "the signatory power whose legislation should not now be adequate, engage to take or recommend to their legislatures such measures as may be necessary to prevent the use by private persons or by societies other than those upon which this convention confers the right thereto of the emblem or name of the Red Cross or Geneva Cross;" be it

*Resolved* That the Executive Committee of the American National Red Cross requests that all hospitals, health departments and like institutions kindly desist from the use of the Red Cross created for the special purpose mentioned above, and suggests that for it should be substituted some other insignia, such as a green St. Andrew's Cross on a white ground, to be named the "Hospital Cross," and used to designate all hospitals (save such as are under the medical departments of the Army and Navy, and the authorized volunteer aid society of the government), all health departments and like institutions; and further be it

*Resolved*, That the Executive Committee of the American National Red Cross likewise requests that all individuals or business firms and corporations who employ the Geneva Red Cross for business purposes, kindly desist from such use, gradually withdrawing its employment and substituting some other distinguishing mark.

# MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

## INTERNAL MEDICINE

O. E. LADEMANN, M. D.

**The Position of the Heart in Pericarditis.**—Calvert (Bull. of the Johns Hopkins Hospital, Oct., 1907) summarizes his article on this subject as follows: 1. The position of the heart in pericarditis depends on the size of the heart. 2. The size of the heart depends on the degree of distension, or on the amount of blood within the heart. 3 The amount of blood within the heart depends on the stage of compensation. 4. While compensation is maintained the heart contains a relatively normal amount of blood, and is in a relatively normal position. 5. Where compensation fails the amount of blood delivered to the heart is diminished, the heart becomes smaller and smaller until collapsed. The size of the heart varies inversely as the pericardial pressure. During this change the heart successively occupies positions varying from the normal to against the posterior wall of the pericardium. 6. The apex is in a normal position or displaced backward and slightly to the right; otherwise unchanged. 7. When the pericardial pressure is high, or when compensation is failing the signs should be triangular area of dullness, high pulse rate, perhaps a paradox pulse, low arterial tension, marked systemic venous congestion and pronounced pulmonary symptoms

**A Diet for Diabetes.**—Lobbé (The Practitioner, July, 1907) recommends the following diet for diabetics: Early breakfast.—Black coffee without sugar, 6 oz.; cream, 2 oz. Midday meal.—1. Two eggs (fried, buttered, in omelet, etc.) cooked with $1\frac{1}{3}$ oz. of ham or 1 oz. of bacon; $\frac{1}{3}$ oz of butter. 2. Meat (grilled or roasted, hot or cold) 5 oz., cooked with $\frac{1}{2}$ oz. of butter; or, fish, lobster or kipper, 5 oz., with $\frac{1}{2}$ oz. of butter or mayonaise. 3. Vegetables (green,) spinach, asparagus, cabbage, etc., 5 oz., cooked with $\frac{1}{3}$ oz butter; or 5 oz. of fresh salad with oil and vinegar; or 3 $\frac{1}{3}$ oz. of radishes, long or short, with $\frac{1}{3}$ oz. of butter. 4. Cheese (Gruyere, Brie, Cheshire, etc.), $\frac{2}{3}$ oz. with $\frac{1}{3}$ oz. of butter; or $1\frac{1}{3}$ oz. of cream cheese. 5. Potatoes $3\frac{1}{3}$ oz. 6. Beverage, 1 glass of red wine, 1 quart of water, $3\frac{1}{3}$ oz,. of black coffee. Five o'clock tea.—1 cup of tea, 5 oz. with $\frac{2}{3}$ oz. of ham or potted meat. Dinner, 7 p.m.—1. Soup—Bouillon $\frac{1}{2}$ pint or onion soup (strained.) 2. Hors d'oeuvre—sardine, herring or tunny $\frac{2}{3}$ oz. with $\frac{1}{3}$ oz. of butter. 3.

Meat 3⅕ oz. with ⅔ oz. of butter. 4. Salad (fresh 3 ⅓ oz with oil and vinegar. 5. Cheese ⅓ oz. with ½ oz. of butter; or, ½ oz. of Cervais cheese; or ½ oz. of vanilla or coffee cream. 6. Potatoes 3⅓ oz. 7. Wine, 1 glassful; camomile or lime tea.

**Relapses in Diphtheria.**—Rolleston (British Jour. of Children's Diseases, August, 1907) says that relapses occur in a little more than 1 per cent of all cases of diphtheria. They are less frequent than late tonsillitis in convalescence from diphtheria. They do not occur before the third week. The frequency of serum rashes after re-injection is much greater, their appearance is earlier and their phenomena are more intense than usual. Relapses must be distinguished from angina verdux, scarlet fever and late tonsillitis. They are usually milder than the primary attack. Comparatively small doses of antitoxin should be employed in the treatment of relapses. The causation of relapses is obscure.

**Uric Acid Symptoms (Rheumatism) and Their Relief by Colchicum and Salicylates.**—Luef (Med. Rec., Oct. 5, 1907) recapitulates the salient points of his article as follows: 1. The etiology of excessive uric acid formation is unknown. 2. The symptomatology of uric acid excess is not fully known. 3. The name rheumatism may generally be used synonymously with uric acid excess. 4. The absence of uric acid evidence from the urine is no guarantee that it does not exist in abundance elsewhere in the body and require elimination. 5. Uric acid disturbs all the tissues of the body though some much more than others, and is unusually selective of exceptional tissues in some cases, the reason for which is not understood. 6. Only a single symptom may exist to call attention to even very large quantities of uric acid signifying the eve of a severe affliction if not promptly eliminated. 7. Many uric acid conditions are not recognized as such, and therefore, unsuccessfully treated until the real condition is recognized. 8. Symptoms that are benefited by colchicum or the salicylates are most probably due to uric acid. 9. Uric acid causes irritative catarrh of the excretory mucosa and probably most so as it nears the outer skin, thus affecting the bladder and urethra, as well ast he enteric tract. 10. Toothache of uric acid origin should not be overlooked, and is capable of prompt relief without the use of anodyne. 11. There exists a viceral rheumatism, or pain and abnormal functioning of the viscera from uric acid disturbances, promptly relievable by colchicum or the salicylates and proper diet, and probably not by any other means. 12. Uric acid symptomatology seems to be due to accumulation of uric acid in the tissues because of its formation in excess of the ability of elimination; on this account structures poor in circulation are subject to its influence, as liagments, bones, or serous membranes; or those in which, through their eliminative power is far greater than that of those just mentioned, the formation of waste products may be too rapid and bountiful to admit of prompt enough removal to prevent accumulation, as muscle. 13. Wine of colchicum root is a remedy of remarkable efficiency for the relief of uric acid conditions, acting promptly in most instances. 14. The salicylates are valuable adjuncts to colchicum in uric acid conditions. 15. The bowels should be kept freely open (not diarrheal) with magnesium sulphate, preferably small doses on rising, the amount depending upon the effect, one or two stools per day being desirable. 16. Medicines shold be pushed until effective, or until physiological evidences of their action ensue. 17. All influences increasing circulation in or about the affected parks are beneficial, such as heat, negative galvanism, the static breeze or spark, or warm bathing. 18. As a rule all those medicinal agents are helpful in uric acid conditions which hasten elimination or increase oxidation, as the iodides, alkalies, iron and manganese.

## GYNECOLOGY AND OBSTETRICS.

E. S. McKEE, M. D.

**Phantom Pregnancy in a Forty-eight-Year Old Multipara.**—(Dr. Krummacker, Zent. f. Gyn.)—The patient was 48 years old and a mother of five children. Previous pregnancies normal. Periods regular down to August, 1901. September period skipped, and that of October slight; again absent until a slight show appeared in January, 1902. Excepting a slight show in February, nothing developed up to the time of examination the middle of May. Abdomen, hips and breasts enlarged. For eight weeks the woman had felt distinct movements and knew that she was pregnant. Examination revealed a distended abdomen on the right side of which lively jerking movements were visible and proved to be located in the right rectus abdominis muscle as well as in the oblique muscles. No intra-abdominal tumor discoverable. Internal examination showed an old lacerated cervix with uterus not enlarged. Adnexa and parametrium normal. Moderate amount of colostrum in the breasts. Patient refused to reject the idea that she was not pregnant. The case was diagnosticated as one of "idiopathic (choreic) contraction of

the abdominal muscle." After some argument the patient was finally convinced of her error and cured in a short time of the muscular contractions by sea baths.

**Statistics of Gonorrhea in Men and of Its Consequences in Their Wives.**—Erb (Muenchner Med. Woch.) found, from investigation of 2,000 of his private male patients, that nearly one-half of them (48.5 per cent) had had one or more attacks of gonorrhea. In 84.7 per cent of these patients the disease had been acquired between the ages of sixteen and twenty-five, in 11.4 per cent between twenty-six and thirty, in 3.2 per cent between thirty-one and forty, and in 0.5 per cent when over that age. Investigation of 400 wives of men who had had gonorrhea some time before marriage showed that 375 (93.75 per cent) were either healthy, or were suffering from diseases not due to gonorrea, seventeen (4.25 per cent) were suffering from diseases which was either certainly or most probably of gonorrheal nature, while eight (2 per cent) were suffering from diseases, the gonorrheal nature of which was uncertain or improbable. In regard to child bearing, ninety-four of the 375 unaffected wives had borne four or more children, sixty-nine had borne three, and eighty-nine had borne two. It should be borne in mind that many had been married but a few years the number of children was normal and would naturally be expected to increase in time. Of the diseased wives eleven had borne no children, ten had one, two had two and one three.

**Cesarean Section Performed by a Cow.**—W. B. Morse, M. D., Salem, Oregon (Jour. A. M. A., reports Mrs. W. E., aged 31, pregnant at full term with her third child, was standing in the road about sixty feet from the house, watching her husband unload hay from a wagon. A vicious two-year-old heifer charged her and inserted a very sharp horn into the abdomen near the anterior superior spinous process of the ilium. It penetrated the abdominal wall, uterus and membranes, but escaped the child. The point of the horn then emerged again just to one side and below the umbilicus. The result was two transverse rents, the upper one about five inches long and the other clear across the abdomen. The child was delivered through the larger opening and fell to the road, where it was picked up by the father. I made an eight-mile trip and arrived about twenty minutes after the mother's death from hemorrhage. The uterus was outside the body, torn clear across and inverted, with after birth and membranes, still attached. The child is still alive and doing well. I have found histories of several similar cases in Gould and Pyle's work on medical curiosities.

**The Induction of Premature Labor and Accouchement Force.**—(Williams, Surg., Gynecol. and Obstet.)—In 5000 labors the delivery was accomplished as follows: Induction of premature labor by Krause's method(bougie), 11 times; accouchement force by Harris's method of manual dilatation of the cervix, 83 times; accouchement force by Champetier de Ribes balloon, 15 times; accouchement force by vaginal Cesarean section, 2 times. Of 13 eclamptic cases with undilated os in which preliminary dilatation with Goodell's or Hegar's dilators preceded the Harris method, four patients died—two deaths (uterine rupture and infection) were attributable to the operation; and the cervix was uninjured in only three instances. In seven cases in which the cervical canal was obliterated but the external os not dilated, there was one death (not attributable to the operation), but the cervix was uninjured in only two instances after the Harris method. In 11 cases like the last in which the external os was dilated to less than 4 cm. there were no deaths from the operation, but six deep crevical tears. In two cases with open cervical canal there were no deaths but one deep laceration. In all (83 cases) the Harris method gave a mortality of nearly 5 per cent. In 15 cases in which the Champetier de Ribes balloon was used all of the patients recovered and the cervix was more or less torn in nine cases. Of the two vaginal Cesarean sections one case died partly as a result of hemorrhage following uterine atony and partly from the underlying intoxication. The author considers Krause's method (introduction of a bougie) as the safest method at our disposal in any case in which immediate delivery is not urgently indicated. Its only drawback is its comparative uncertainty; in the vast majority of cases, however, labor sets in within twenty-four hours. The author does not recommend the procedure on account of moderate pelvic contraction. These patients are allowed to go to term and if spontaneous delivery does not occur he terminates labor by forceps, pubiotomy, or Cesarean section.

**Anterior Colpo-Hysterotomy.**—Of the methods of opening up unprepared genital passages for the pupose of rapid delivery, next to the employment of the dilator, anterior-hysterotomy is probably the best one at the presen time. P. Jung. (Deut. Med. Woch.) describes this operation and its results. The operations which he deals with were undertaken in the interest of the mother's life, and include 5 cases of eclampsia, one of severe nephritis with total amauresis, one of severe

non-compensated heart disease, and one of complete impaction of the fetus, which was lying in the transverse position. In the last named case there was tetanus of the uterus. The os in this case was partly dilated. Unsuccessful attempts had been made outside by the general practitioner to turn the fetus. On admission large doses of morphine and deep anesthesia failed to relieve the tetanic condition of the uterus, and it was therefore impossible to proceed to perform embryotomy. The mother's condition was extremely bad, and for this reason anterior colpo-hysterotomy was immediately performed. The dead fetus was removed after embryotomy. Of the eight cases, three mothers died; two of eclamptic coma and one with the heart disease, which was complicated by nephritis, of collapse. In all three cases the sutures had held and there was no hemorrhage, was proved post-mortem. Of the fetuses, three were delivered alive and well, one was dead and macreated, one was dead and had to be delivered by embryotomy, two were not viable, and only one was lost as a direct result of the birth. The last mentioned case was one of the eclampsia cases. The fetus had its head impacted in a flattened rickety pelvis, with a conjunctiva vera of 8 ccm. (3 in.). Delivery was conducted with forceps, and a deep depression was produced on the temporal bone. It died quarter of an hour post-partum. The operation was carried out as follows: When the vulvar orifice was too small a wide vagino-perineum incision was made. After division of the anterior vaginal wall by means of a longitudinal incision, the bladder was easily peeled off in the loose tissue. The anterior uterine wall never offered any difficulty, as long as one remembered not to pull too much on the Collin's forceps which held the edges of the wound apart. On two occasions the vesico-uterine fold was opened, but this did not matter. The child was delivered four times by forceps, three times by version, and once by embryotomy. The author thinks that it is better to turn the fetus, save when the head is too tightly impacted and believes that he might have been able to save the one fetus had he done this instead of delivering with forceps. Any way, he regards version as the easier and more elegant proceeding. The placenta was expressed or removed manually immediately after the delivery of the fetus. The suture of the uterus was carried but with continuous catgut sutures, and when the peritoneum had been opened the upper stitches closed this as well. The bladder was sutured in its place and the anterior vaginal wall was closed with continuous sutures, including the perineum, when this had been incised. The wounds healed smoothly in all cases. He considers that this operation should only be undertaken in a clinic or hospital, and not at home by the general practitioner, who will not have had sufficient practice in these kind of operations. The safer method for the practitioner is to use the dilator. For any one who has had experience in vaginal operations the procedure is quite easy.

**An Unusual Case of Sarcoma of the Uterus.**—Von Wenczel, Zent. f. Gyn.)—The ratio of frequency of carcinoma to sarcoma of the uterus is placed at 24 to 1 and the site of sarcoma is mostly in the corpus uteri. For each time that sarcoma beigns in the cervix there will be eight cases in which it will be found to have begun in the corpus. They start more often from the mucosa than from the outer wall of the uterus, and when from the latter origin they are usually the result of a degeneration of a fibro-myoma. The sarcomata developing in the uterine all show the spindle-celled variety as occurring four times more frequently than the round celled. Of the latter the small-celled type is much rarer to meet than the large-celled type. The author's case occurred in a woman 46 years old who had given birth to two children and who since two years had complained of irregular menses An ulcerated tumor of the cervix, the size of a child's fist, was discovered and after curettage, the cervix was amputated. Microscopical examination of the tumor proved it to be a sarcoma and two weeks later the uterus was removed by vaginal hysterectomy. The operation was successful. The microscopical investigation established the diagnosis of small type, round-celled sarcoma. The connective tissue of the mucosa was inflamed and this inflammatory infiltration passed into the tumor without showing any sharp line of demarcation. No evidence of fibro-myoma was visible. Hence the origin of the tumor was decided to have been in the cervix. From the inflammatory condition of the connective tissue of the mucosa it is also assumed that the tumor developed not from the mucosa, but from the wall of the uterus itself and was a primary growth.

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For Colds.—

℞ Quinine sulph.....
Ammon. chlorid.....aa gr. ss
Camphor ..... gr. ss
Pulv. opii..... gr. $\frac{1}{10}$
Ext. belladon. fol..... gr. $\frac{1}{20}$
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M. Ft. pill No. i.

TO THE FRONT SAINT LOUIS

# THE MEDICAL FORTNIGHTLY

**A Cosmopolitan Biweekly for the General Practitioner**

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph post-office as second-class matter.

The Medical Fortnightly will not be discontinued at expiration of subscription, as many of our readers prefer not to have their files broken on account of failure to remit. Unless we receive a distinct request to discontinue, and payment for all arrearages, this magazine will not be discontinued.

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Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

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Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

## SOCIETY PROCEEDINGS

### MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

*Thirty-third Annual Meeting, held at Columbus, O., October 8-10, 1907.*

(Continued from page 555.)

#### What We Can Do with Purgatives.

DR. EDWIN WALKER, Evansville, Ind. (This paper will appear in full in next issue.)

#### Perineal Section for Obstruction of the Prostatic Urethra.

DR. CHARLES E. BARNETT, Fort Wayne, Ind., summed up the cause and effect of acute retention of urine. He considers catheterization more dangerous than operation. He believes that bladder drainage through a median perineal section is the operation of choice. Patients who are practically moribund recover following improved operative technic with a minimum quantity of anesthetic, oxygen inhalation postoperative, Fowler's position, aspiration irrigation with large drainage tubes, and out-of-bed posture second day. Simplicity but thoroughness, in the postoperative treatment is the desideratum. He reported several cases.

#### Early Diagnosis and Removal of Uterine Fibroids.

DR. A. D. WILLMOTH, Louisville, made a plea for early removal of these growths. He expresses the opinion, based on the statistics at hand and his personal epxerience, that it is the duty of the surgeon to remove uterine fibroids as soon as they are diagnosed, unless some constitutional disease or diseases exist that make operative procedures inadvisable because of the risk involved, for where the surgeon has to deal with a young and childless woman who desires a child, or in those in whom the tumor is subperitoneal, small, and giving no trouble.

#### Treatment of Pus Tubes.

DR. JOHN E. CANNADAY, Hansford, W. Va., said that operative and non-operative treatment have their separate and distinct fields. The trend is toward that form of conservatism which really conserves. Extreme and over-conservative measures are as much to be deprecated as early radical extirpation, late and often. Surgical sense, judgment, ability, skill and experience are needed, so that practically pus tubes should never be removed during an acute attack. Many cases will resolve and be restored to normal conditions by waiting. The author makes a clinical classification of cases as follows: Those that resolve early, those that are followed by obliterating and crippling adhesions, and finally those in which large collections of pus are encapsulated and become sterile. In the latter class the best operative results are given. If the operative field is soiled with pus that is known not to be sterile, a vaginal drain should be inserted but not an abdominal drain, as the danger of wound hernia is too great. The author reported 100 cases in which laparotomy was resorted to for chronic pus tubes, with a mortality of 1 per cent.

#### Treatment of Inguinal Hernia in Children.

DR. FRANK B. WALKER, Detroit, said it is estimated that one-third of all hernias occur in children under 14 years of age. In a series of seven hundred observations reported recently by Corner it is noted that multiple hernias are far more frequent in children than in adults. Premature children are very liable to hernia at birth, and inguinal hernia is present on both sides more often than at full term. From observations it would ap-

pear that the causes of hernia formation are more operative in early years than in adult life. He believes it is good surgery to use conservative methods for hernias in children up to 5 years of age, and thinks the majority can be cured thereby; but for the following class of cases radical measures should be adopted: Strangulated hernia; irreducible hernia; hernia associated with hydrocele or undescended tetsis; hernia threatening strangulation; those which are controlled or painful under truss treatment, and hernia in children over 5 years of age.

**Postperitoneal Fibroid Tumors of the Uterus.**

Dr. Rufus B. Hall, Cincinnati, reported cases and exhibited specimens. He has had a large number of postperitoneal tumors to remove. Some of the operations have been very complicated, while others have been comparatively simple. Some of the operations have been very complicated, while others have been comparatively simple. Some of these tumors are easily enucleated, even when large. By following the line of cleavage the surgeon is able to enucleate them without much difficulty. In others it often requires great courage and skill to successfuly remove them. Some are so firmly attached to the blood vessels and ureters that to successfully remove them is practically impossible. Such a case occurred in the practice of Dr. I. S. Stone, in which he had the misfortune to lose his patient from hemorrhage before he was able to nucleate the tumor. In many of these case the surgeon begins the operation under the impression that he is going to remove a fibromyoma of the uterus. The tumor may be the size of an adult head, filling the pelvis full and extending somewhat into the abdomen, or it may be very much larger. Even after the abdomen is opened and the tumor examined it is not possible from the condition present to differentiate between postperitoneal fibromyoma and sarcoma. The author has made the mistake in beginning to enucleate a tumor, believing he had a fibromyoma of the uterus, when in reality it proved to be a sarcoma.

**Open Method of Treating Fractures.**

Dr. Duncan Eve, Nashville, Tenn., said that in all cases in which marked comminution of the fragments is present, and when reduction is impossible, in oblique and spiral fractures of the bones of the extremities, operation is justified. Many of the deformities, pseudoarthrosis and loss of function which follow fractures will thus in many cases be obviated. The unsightly deformities which so seriously destroy the usefulness of the part and predispose to refracture will be prevented. Fractures complicated by severe injury to adjacent structures urgently demand operation. Under this heading he included fractures in which pressure is brought to bear on neighboring viscera, nerves and blood vessels, fractures associated with dislocations, and fractures involving joints. By exposing the seat of fracture the accumulated excess of blood or effused serum can escape, and at the same time permit the removal of any soft tissues that may be between the ends of the bone. In a case of comminuted fracture the surgeon can remove loose fragment of bone which have become entirely separated from their periosteal covering. The technic, after obtaining thorough cleanliness, is to make an incision sufficiently large to enable the surgeon to deal effectually with the fragments. The author reported two interesting cases. Operation should be deferred, if feasible, until after the acute symptoms of the primary injury have subsided, namely, from four or five days to a week. Operative treatment should be adopted in compound fracture; also in cases of a crippled fellow limb, of physical or business demands, of deterioarting personaly discomfort, and of prospective activity of a perplexing nature, the wisdom of operation can well be considered. He is opposed, however, to the policy and the practice of those surgeons who operate only because a bone is broken and irrespective of present dangers or the future benefits to the patient.

**The Opsonic Treatment in Gonorrheal Arthritis.**

Dr. A. Ravogli, Cincinnati, reported two interesting cases in which excellent results were obtained by the injection of gonococcic vaccine.

[TO BE CONTINUED.]

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**Tubercular Breast.**—Powers advises removal of breasts and axillary contents, exploring axilla even though nothing be felt on external palpation.

**Hay Fever Treated by Way of the Antrum.**—Schadel in the Medical Record relates treating 92 cases of hay fever by washing out and medicating the antrum of Highmore with which treatment he obtained the best results in all but one case. Most of the patients were entirely cured in from one to three weeks and remained so. The affection does not occur in persons in whom the ostium axillare is of the normal small size, but in those in whom the disease, malformation or injury had made the antrum opening of sufficient size to admit germs to the interior of the cavity.

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**Diets for the sick.**—The importance of having the patient know exactly what diet he should take, oftentimes enhances the value of the medical treatment. New clinical observations along the line of diet are often noted in medical journals and in the edition of Diet Leaflets prepared by Reed & Carnrick, these points have been added, thus bringing this little book up to date. They will be pleased to furnish to physicians a copy of this book, in celluloid covers, of a size convenient for the vest pocket, upon request. Simply write to Reed & Carnrick, Jersey City, N. J. asking for their "Diet Leaflets," and mentioning this journal.

**Chronic Coughs.**—Dr. J. G. Levy, Physician Out-Department, Harlem Hospital, New York City, in reporting a series of fifty cases, concludes as follows: "Fitchmul checks persistent coughs, from all causes, and in all cases No after-effects were noticeable even after its prolonged use, and in no one case was there the least gastric disturbance. It expels purulent and loosens viscid mucus. It is not narcotic, and neither suppresses nor depresses; and in all cases acts as a tonic, eliminating the cause of mucous inflammation; and from my own experience I cannot too highly recommend it to the profession for a persistent and careful trial.

**The Constipation Habit.**—Could the medical profession impress on the public the widespread influence for evil which constipation plays, and in so doing get active individual co-operation toward ending it, it would have rendered mankind a service such as cannot be valued in words. In treating constipation the physician frequently sees his patient pass into an absolute dependance on drugs which is almost as severe a strain on the general system as was the original trouble. Among the remedies least subject to this criticism is cascara. Cascara has been presented in various forms, each more or less effective, but never more effectively than in Pil. Cascara Comp (Robbins.) These pills are dispensed in two strengths, one and four grain, the dose can be graduated to the patient's need. The withdrawal of these pills creates no disturbance, they regulate rather than create dependence.

**Treatment of Uterovaginal Catarrh.**—(by C. E. Brandenburg, M. D., N. Y. City.) —Fifteen months ago Mrs. X. came to me for treatment, giving the following history: Six years previous she had a miscarriage, since which she had been troubled with a profuse leucorrhea of a very foul odor. At her menstrual period she suffered greatly and flowed excessively. On examination the cervix was found to be nearly four times its normal size and so badly eroded as to have every appearance of a cancer and had been mistaken for such by one physician. The uterus was soft and boggy and very much enlarged. She had been to the hospital on two occasions and each time had been curetted, but this seemed only to aggravate the general condition. For over a year I treated her with every means at hand, but to no purpose. I was making preparations for an operation, which would have meant the removal of the uterus, when my attention was drawn to Glyco-Thymoline and I determined to give it a thorough trial before operative measures were to be further introduced. An intraterine douche of Glyco-Thymoline in 25 per cent hot solution was administered and lamb's wool tampons saturated with Glyco-Thymoline pure were used. She began to improve from the first application. The leucorrhea became less and the odor disappeared entirely. The cervix took on a healthy look. The uterus decreased in size and became firm; in fact she is now nearly well after nine weeks' treatment with Glyco-Thymoline.